in the advanced stages of incurable Bright's disease. I refer particularly to the cramps and muscular twitchings, which are frequent precursors of convulsions, and the distressing restlessness which, associated as it is in a greater or less degree with uræmia, is generally aggravated by opiates.

The sufferers from Bright's disease are always dyspeptics, and the gastric symptoms are often very obstinate and distressing. When in consequence of renal degeneration the blood is contaminated by retained urinary excreta, there is often a vicarious excretion of these impurities by the mucous membrane of the stomach and bowels. The gastric secretions are mingled with the ammoniacal products of decomposing urea; digestion is consequently impaired; there is flatulent distension of the stomach and bowels, nausea, vomiting, and diarrhoea. Relief is to be sought by a carefully regulated diet, and by giving with the food from ten to twenty drops of dilute hydrochloric acid with a vegetable bitter. A small dose of strychnia, or the tincture of nux vomica, with a mineral acid, is sometimes especially efficacious. Pepsine may sometimes be given with advantage.

In some cases of advanced renal degeneration, the vomiting is so incessant that the patient has to be sustained by nutritive enemata, while iced water only is taken by the stomach. In some instances that have come under my observation, the straining and exhausting efforts of vomiting have been checked only by frequent whiffs of chloroform-vapour.

In conclusion, I have only to add that I shall be happy, so far as I am able, to answer any questions upon the various points which I have passed in review. I shall also be glad to receive practical hints from those who by their experience are enabled to give them.

CASE OF HYSTERICAL VOMITING AND SLEEPLESSNESS.

By F. W. PARSONS, L.R.C.P.Lond., etc., Wimbledon.

MISS L. C., aged 22, single, regular, health always good, had had much trouble recently in waiting upon her mother in her last illness. She had been almost entirely deprived of her rest night and day for three months, during which time she had frequently vomited her food. She had not had pain in the chest. Her bowels have always been irregular. Up to the present time she had had no treatment other than an occasional aperient pill. The family are all healthy. She applied to me on April 12th, suffering from severe diarrhoea and sickness of three days' duration. The pulse was good; the tongue thinly coated with creamy fur. There was some pain in the epigastrium; no headache. The patient was a well nourished full-blooded-looking girl, but with a decidedly "hysterical aspect". She felt very weak and trembling. I ordered ten minims of dilute sulphuric acid and fifteen minims of liquor opii sedativus every four hours.

April 13th, 9 A.M. The diarrhoea ceased after the second dose, but the sickness and nausea remained incessant. The vomited matter consisted of stringy mucus floating in a glairy acid liquid. The skin was moist; the temperature 97.6 deg. The sounds of the heart and lungs were normal. There was a good deal of hyperæsthesia over the whole chest and bowels, but there was no particular tenderness over either the uterus or ovaries. The urine was profuse and very limpid. Everything, even weak brandy and water, was returned. I ordered effervescent citrate of potass, with thirty-minim doses of liquor morphiæ.—8 P.M. The only thing retained was a small quantity of thin milk and water arrowroot, and the medicine. I ordered the following.

R Tincturæ valerian. ammon. ℥xxx; spiritus æther. ℥xx; tincturæ bellad. ℥xv; acid. hydrocyan. dil. ℥iij; mist. camph. ʒi. To be taken every four hours.

April 14th, 9 A.M. She had no sleep. The medicine only was retained.—8 P.M. She had a very bad day. The following draught was ordered to be taken every two hours.

R Manganis oxyd. gr. x; acid. hydrocyan. diluti ℥iij; aquæ ʒi.

April 15th, 9 A.M. No sleep. Sickness incessant, and nausea intolerable.—8 P.M. She had returned the last two doses of the medicine. She was ordered to take the valerian again.

April 20th. She had had no sleep yet, although she had been carefully watched. Sickness occurred several times in an hour. The urine was very excessive, of specific gravity 1002. I ordered the following to be taken every four hours.

R Bismuth. albi gr. v; magnesiae carbon. gr. xx.; acid. carbolici miss; aquæ ʒi.

April 21st. She was not quite so sick, but had had no sleep. At 10 P.M., I injected five-twelfths of a grain of acetate of morphia under the

skin. There being no result in two hours, I repeated it. This produced extreme contraction of the pupil and stupor, but no sleep until 9 A.M., when she fell asleep, and slept soundly till 7 A.M. the next morning. She then awoke much refreshed and not nearly so sick. The medicine was continued.

April 22nd, 9 P.M. I injected eight-twelfths of a grain of acetate of morphia, which, however, gave very little sleep.

April 23rd. The following was ordered to be taken every two hours.

R Potassii bromidi gr. x; acid. carbolici gr. i; acid. hydrocyan. diluti ℥iij; aquæ ʒi.

8 P.M. She dozed about six hours, and was sick once only.

April 26th. There had been no sleep since the 23rd, though the bromide had been increased up to forty-grain doses; but the sickness had been less. I injected half a grain of acetate of morphia at night, and omitted all medicines.

April 27th. She slept well; had slight sickness. The injection was repeated at night.

April 28th. She slept four hours. I ordered a grain of sulphate of quinine every four hours, with four minims of dilute hydrocyanic acid; and repeated the injection at night.

April 29th. She slept four hours, but felt sick and depressed. The bowels had not been open for nearly a week, and there was tympanitis. The skin and conjunctivæ were slightly yellow. Calomel (gr. iv) was ordered to be taken every four hours, and at night the injection was repeated.

April 30th. She dozed a little, but was more sick. The bowels were not moved; so I gave an aperient saline draught, which brought away an immense quantity of dark-green foetid motion. The morphia injection was repeated at night.

May 1st. The patient had no sleep, and was very sick. She had an attack of "spasms" in the night. Pulse weaker. The following was ordered to be taken every three hours.

R Tincturæ cannab. Indicæ ℥xx; spirit. ammoniæ comp. ℥xx; acid. hydrocyan. diluti ℥iij; aquæ ʒi.

May 2nd. She had no sleep, and no sickness; looked composed, and said she felt better. A grain and a half of disulphate of quina was added to each dose. Seven-twelfths of a grain of morphia were injected in the evening.

May 3rd. The patient did not sleep till 7 A.M.; she then slept till 6.30 P.M., and awoke much refreshed, and took a little claret. There was no sickness.

May 4th. She slept comfortably from 3 to 10 A.M., having previously taken a little beef-tea and sago; but awoke much agitated by a distressing dream, in which she saw her own name on a tombstone, with the date of her death. Two-thirds of a grain of morphia were injected at night.

May 6th. She had two-thirds of a grain of morphia injected last night, which only gave a few hours' sleep. There had been no sickness. She was ordered to take no medicine, and to have twenty grains of chloral hydrate in syrup and water every hour till sleep was obtained. She took three doses, and then slept only four hours. When she awoke, she felt very low and "muddled". Pulse 80, very feeble; skin clammy; and tongue dry. She begged not to have any more chloral. In the evening she had several fainting fits. Half a grain of morphia was injected.

May 9th. The last two days she had been more sick, and had little or no sleep. She retained a little whiskey and water. She had a peculiar attack, characterised by a sort of spasmodic action of the muscles of the face and neck. I ordered liquor strychniæ in five-minim doses, and one-third of a grain of nitrate of silver in a pill, alternately, every second hour.

May 31st. She had gone on just the same for the last fortnight, and had several attacks every day and night up to the 15th. Since then, she had had none. The nitrate of silver was discontinued on the 16th. She had two-thirds of a grain of morphia injected every night, which gave only very little sleep. She had brought up nearly everything except her medicine. I tried the chloral hydrate in forty-grain doses, with exactly similar results to those of the previous trial.

June 1st. A beef-tea enema was given yesterday, and again to-day; but she was unable to retain them. There was much pain over the epigastrium. I applied a blister, which gave relief; and injected three-fourths of a grain of morphia; and also ordered citrate of ammonia in effervescence, with chloric ether. This afforded much relief to the sickness.

July 16th. From the last date to the 1st of this month, she had been able to retain two pints of beef-tea and four eggs made into two enemata daily, and nearly every night had three-fourths of a grain of morphia injected into the arm. She had not been allowed to take a single thing by the mouth, except the medicine, which she very rarely

returned. Upon the 1st, she began again gradually to take a little food by the mouth, and on the 10th left off the enemata. She has, since the 1st, taken a little bismuth mixture occasionally, and has not had any sickness, and only slight nausea. The last three times, she had a grain of morphia; and that was not always successful in obtaining a thorough night's rest. I have seen her to-day, and she is fast recovering her flesh. Her appetite is good, and there is very little discomfort after food. She wears a belladonna plaster over the epigastrium. As yet, she does not get very much sleep; but that is improving. She leaves this afternoon, for change of air.

REMARKS.—I fear I have occupied far too much space already; but I think the case in many respects well worthy of notice, as bearing upon the vexed question of "hysteria", so called. There certainly appeared nothing amiss with the sexual system; and I do not think there was real mischief in the stomach. So many of her symptoms were identical with what we call "hysteria", that I think her case must come under that head. The two most marked symptoms throughout were sleeplessness and troublesome vomiting. The former was most persistent, resisting every remedy tried; the hypodermic use of morphia alone appearing to have any effect, and that only when given in such very large doses. Upon two occasions, at the wish of a medical friend, I tried atropine hypodermically; but, although it produced the usual physiological results, it did not procure a wink of sleep. The hydrate of chloral I not only found useless, but it appeared to act injuriously each time it was tried. She was some few days before she got over its depressing effects. Bromide of potassium also, after the first day, did not even produce drowsiness.

With regard to the sickness, I feel quite convinced that it would not have been nearly so troublesome if the girl would have consented earlier to the employment of nutrient enemata; but neither threats nor persuasion were of avail, and it was not until she began to think that she was really sinking that she would give way. Even when they were used, I had much difficulty in having them used regularly and continued long enough. It seems strange that, although the vomiting was so constant, the medicine was very seldom returned.

Since writing the above, I have read Dr. Ogle's lecture in this week's JOURNAL upon a case in some respects similar to this. But here the girl had most distressing nausea; and, although I had her carefully watched, I was never able to discover the slightest approach to trickery or deception.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. BARTHOLOMEW'S HOSPITAL.

HYDATID TUMOUR OF LIVER.

(Under the care of Dr. SOUTHEY.)

FOR the following notes we are indebted to Dr. C. J. Davis, House-Physician.

C. H., a well nourished young man, aged 24, was admitted into St. Luke's Ward on June 14th, with a tumour in the right hypochondrium, extending towards the umbilicus, downwards into the iliac fossa, and posteriorly about three inches from the lateral line. It was smooth to the touch on the surface, and slightly lobulated at its edges; it was decidedly elastic. Upon gentle percussion, fluctuation was easily elicited. Upon relaxation of the abdominal walls, it was evident that the tumour was in no wise adherent to them, as they were easily made to glide over it. The tumour was obedient to the movements of respiration, having no apparent space between it and the liver; it was uncovered by any floating viscus.

According to the intelligent patient's account, the history of the tumour dated from 1867. Beginning almost imperceptibly, it grew too gradually to create any alarm, and never produced any constitutional disturbance.

On the 29th, Mr. Savory, with a very fine trochar, evacuated fifty-three ounces of almost clear fluid; its specific gravity was 1005; it contained a large quantity of chlorides, and no albumen. Some excellent specimens of echinococci, with numerous detached hooklets, were obtained. With the exception of a slight febrile reaction, lasting about forty hours, the patient has done well since. He is now moving about, and looking forward to his discharge. It is very doubtful whether there are sufficient positive signs of the tumour refilling.

ST. MARY'S HOSPITAL.

CASES OF INTERMITTENT TETANY.

(Under the care of Dr. BROADBENT.)

CASE I.—Sarah A., aged 34, came to St. Mary's Hospital as out-patient May 21st, 1868. Two years previously, she had caught cold after confinement, and ever since had suffered from painful contractions in the hands and feet, during which the fingers were fixed in partial flexion, the thumb drawn over the palm, and the margins of the hand drawn in, while the feet were arched. The pain was compared to cramp. Usually, the attacks came on daily, varying in severity and duration. She was rarely free from them for a week. Her general appearance was that of debility. The bowels were regular. She was ordered to take ten grains of mercury and colocynth pill in the evening, and the hospital iron and quassia mixture three times a day.

On June 4th, she was no better, and compound gentian mixture, with twenty-five minims of the ammoniated tincture of valerian, was substituted for the iron mixture. On June 8th, there was no attack in the hands. She had had pain in the legs, and in the back as high as the neck. Similar pain was complained of on June 12th; and the bowels, previously relaxed, having become constipated, a soap and aloes pill was given daily. After this, no recurrence of the contractions and pain was complained of. The iron mixture was resumed on July 2nd; and on July 27th she attended for the last time, apparently well.

CASE II.—Rhoda B., aged 14, began to attend as out-patient on February 10th, 1870. She had convulsions when a child, but these ceased at the age of seven. For twelve months she had had attacks similar to the one from which she was suffering when she presented herself at the hospital, coming on at intervals usually of about three hours, and lasting several days. Her condition was as follows. The hands were flexed and rigid; the thumb was bent into the palm. Forcible extension of the finger gave great pain. Both flexors and extensors of the forearm were hard and tense. The upper arm was soft and lax, except that the biceps was slightly contracted. The pain was very great, and was said to prevent sleep in a great measure; but usually the contraction yielded a little during the night, and then she became able to sleep. The face was flushed; the arms hot. Occasionally the feet were contracted; and at times the tongue was quite stiff, and the neck slightly so. She had also complained of pain in the back. The existing attack had already lasted three days. The bowels were well open; no worms were seen. Her appetite was variable. The catamenia were not established. The treatment adopted was two teaspoonfuls of cod-liver oil and one of steel wine three times a day; also a mixture containing eight minims of tincture of belladonna, nine minims of spirits of chloroform, in two drachms of water, every four hours. On February 21st, she had two slight attacks, but was feeling very much better. On March 7th, slight attacks still occurred, but she was much better. On the 28th, she had been free from the contractions; but, after leaving off the medicine for a time, had a return—not severe. This was her last visit.

CASE III.—Emma B., aged 19, became an out-patient on February 21st, 1870. She is deaf and dumb, and has a sister similarly afflicted. Deaf-mutism runs in the father's family. For some time she had had painful contractions of the hands and feet immediately on waking every morning, and similar attacks two or three times in the day. As in the cases previously described, the fingers were flexed, the thumb bent into the palm, and the inner side of the hand drawn in. The feet were arched. A shaking sensation and pricking were also complained of. During the attacks, severe pain was felt over the left eye, and she had sometimes bled at the nose. The catamenia were regular, and the bowels open. She had a bad cough. Tincture of belladonna was given in six-drop doses, with spirit of chloroform, on the 24th; and at first, compound squill mixture, with tincture of steel; later, cod-liver oil and steel wine. The belladonna at once gave relief. She attended fitfully up to May 30th, suffering scarcely at all while she took the belladonna, but relapsing when she discontinued it. At this date, she was better in all respects.

CASE IV.—Elizabeth H., aged 32, is now attending at the hospital. She suckled her last child to the age of sixteen months, the catamenia having been re-established for some months of this time. Three months ago, she began to have attacks in the hands and feet such as those already described; the hands being rigid, with the fingers curved, and the thumb drawn into the palm. The feet were arched. The contractions were attended with pain and tingling. The attacks had been worse at the catamenial periods. Speech, or rather articulation, was said to be slightly affected at times. She is taking liquor ferri perchloridi in infusion of quassia, but has not been under observation sufficiently long to permit of any statement being made as to the effects.